

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/578282**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		2		/		
4	/		/			
5		/		/		
6		0		/		
7		0		/		
8		0		/		
9		0		/		
10		0		/		
11		0		/		
12		0		/		
13		0		/		
14		0		/		
15		0		/		
16		0		/		
17		0		/		
18		0		/		
19		0		/		
20		0		/		
21		0		/		
22		0		/		
23	/		/			
24		/		/		
25		2		/		
26	/		/			
27		/		/		
28		2		/		
29		2		/		
30	/		/			
31		/		/		
32		2		/		
33	/		/			
34	/	/	/			
35	/		/			
36		0		/		
37		0		/		
38	/		/			
39		/		/		
40		0		/		
41		0		/		
42		0		/		
43		0		/		
44		0		/		
45		0		/		
46		0		/		
47		0		/		
48		0		/		
49	/		/			
50	/		/			
TOTAL IND.		↓	10	↓		↓
TOTAL DEP.		←	40	←		←
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
53	/		/			
54	/		/			
55		0				
56		0		/		
57		0		/		
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59		0				
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	2	←		←
TOTAL CLAIMS			6			